

19-13

Pleased to be Roger G. Larson Memorial Lecturer

Purpose is more than recalling - annually -
the memory of a man - albeit a gentle
giant

We are trying to keep alive a vision and
maintain the spirit of this remarkably
talented man. This is the first day of
my first vacation in 2 years and
I'm pleased to spend it this way

Unmet men consider careers in politics
or the ministry. Roger Larson considered
both but chose Health Care administration.
We are the beneficiaries. The brightest
the ideas of serve to man & serve
to God - together - in health
care administration.

In front of his grave marker says just
what "A life devoted to serving God
and man"

We pay him tribute this day.

**WE'D FEEL GOOD ABOUT OURSELVES AND OUR HEALTH CARE
SYSTEM.**

NO LONGER.

IN A WORD --WE HAVE BIG PROBLEMS.

**SOMETIMES I USED TO WONDER IF THERE SHOULD NOT HAVE
BEEN ANOTHER SURGEON GENERAL'S WARNING:**

**"WARNING! THE AMERICAN HEALTH CARE SYSTEM CAN BE
HAZARDOUS TO YOUR HEALTH!**

**TO BEGIN WITH, THIS IS A TIME IN WHICH WE HAVE VERY HIGH
EXPECTATIONS FOR MEDICINE AND HEALTH.**

**WE'VE PUT A GREAT DEAL OF FAITH INTO NEW TECHNOLOGIES,
NEW PHARMACEUTICALS, NEW SURGICAL PROCEDURES, AND SO
ON, AND WE CONTINUE TO HAVE FAITH IN WHAT I LIKE TO CALL
THE MAGIC OF MEDICINE.**

**WE ROUTINELY EXPECT MIRACLES TO HAPPEN -- EVEN THOUGH
THE REAL WORLD OF MEDICINE ISN'T ALWAYS ABLE TO DELIVER.**

WE HAVE THAT SITUATION RIGHT NOW WITH AIDS.

**FOR THE PAST 8 YEARS, SCIENTISTS AND CLINICIANS HAVE BEEN
WORKING AROUND-THE-CLOCK TO UNDERSTAND AND CONQUER
THE DISEASE OF AIDS. BUT IT STILL REMAINS SOMEWHAT OF A
MYSTERY AND I DOUBT THAT WE'LL GET FULL CONTROL OVER
THE AIDS VIRUS BEFORE THE TURN OF THE CENTURY.
BUT, AS FAR AS THE GENERAL PUBLIC IS CONCERNED, THE AIDS
SITUATION IS THE EXCEPTION AND NOT THE RULE.**

**THE AMERICAN PEOPLE STILL MAINTAIN HIGH HOPES FOR WHAT
MEDICINE AND HEALTH CARE CAN DO FOR THEM.**

**BUT I THINK IT'S ALSO BECOMING CLEAR THAT THOSE HIGH
EXPECTATIONS ARE FAST OUT-RUNNING OUR ABILITY TO PAY
FOR THEM.**

**IN OTHER WORDS, WE HAVE A CLEAR GAP IN OUR SOCIETY
TODAY BETWEEN WHAT WE WOULD LIKE TO SEE HAPPEN IN
HEALTH CARE ... AND WHAT CAN REALISTICALLY HAPPEN IN
HEALTH CARE.**

**AND SO THE AMERICAN PEOPLE ARE ENGAGED IN A DEBATE IN
RESPECT TO ASPIRATIONS VERSUS RESOURCES.**

**THIS IS A DEBATE THAT TOUCHES ON MANY ASPECTS OF
AMERICAN LIFE... BUT I'LL FOCUS JUST ON HEALTH CARE, WHICH
IS PROFOUNDLY AFFECTED BY THAT GROWING TENSION
BETWEEN ASPIRATIONS AND RESOURCES.**

**MANY OF OUR GREAT EXPECTATIONS COME FROM OUR ABIDING
FAITH IN EVER-IMPROVING MEDICAL TECHNOLOGY.**

**BUT NOW, I BELIEVE THE PUBLIC WONDERS IF MEDICAL
TECHNOLOGY MIGHT BE A MIXED BLESSING.**

**THANKS TO AN EXPLOSION OF NEW KNOWLEDGE IN SCIENCE
AND TECHNOLOGY OVER THE PAST SEVERAL DECADES, WE KNOW
HOW TO DO MANY NEW AND FASCINATING THINGS:**

**BUT KNOWING HOW TO DO SOMETHING HAS NEVER BEEN
ENOUGH.**

PEOPLE ALSO WANT TO KNOW WHY ... OR WHY NOT?

**AND TODAY, AS THE COST OF OUR MAGIC TECHNOLOGY SOARS,
WE'RE ASKING "WHY?" MORE OFTEN AND MORE INSISTENTLY.**

**IN REGARDS TO PROLONGING LIFE, FOR EXAMPLE, BOTH
THE LAY PUBLIC AND THE MEDICAL PROFESSION ARE EVEN NOW
DEBATING THE WISDOM OF USING SO-CALLED "EXTRAORDINARY"
MEASURES TO SAVE OR PROLONG THE LIVES OF PERSONS
PROFOUNDLY TRAUMATIZED OR TERMINALLY ILL.**

**FOR MANY PEOPLE WHO MUST DECIDE THE FATE OF LOVED
ONES, HIGH-TECH MEDICINE SOMETIMES ACTS LIKE A FRIEND ...
AND SOMETIMES IT ACTS LIKE AN ENEMY.**

**HENCE, SOME PEOPLE ARE TURNING TO LEGAL INSTRUMENTS
LIKE THE SO-CALLED "LIVING WILL" AND THE "DURABLE POWER
OF ATTORNEY" TO PROTECT THEMSELVES FROM RUNAWAY
MEDICAL TECHNOLOGY, IN THE EVENT THEY ONE DAY HAVE A
TERMINAL ILLNESS OR INJURY.**

**HENCE, IN MANY REAL-LIFE SITUATIONS, TECHNOLOGY IS A
MIXED BLESSING ... AT BEST ... AND CAN BE A CURSE, AT THE
WORST.**

**IS OUR SOCIETY STILL READY AND WILLING TO DELIVER HIGH-
QUALITY, TECHNOLOGY-INTENSIVE MEDICAL CARE TO
EVERYONE, REGARDLESS OF COST?**

**I'D HAVE TO SAY THE ANSWER I GET AS I TRAVEL AROUND THE
COUNTRY IS, "PROBABLY NOT."**

**WHAT WE HAVE, THEN, IS A RISE IN THE NEW TECHNOLOGIES
AVAILABLE TO PHYSICIANS ...**

**BUT, AT THE SAME TIME, A DECLINE IN THEIR SIGNIFICANCE FOR
A SUBSTANTIAL NUMBER OF PATIENTS.**

**IN ONE OF HIS PLAYS, GEORGE BERNARD SHAW ASKED WHY WE
PAY DOCTORS TO TAKE A LEG OFF BUT WE DON'T PAY THEM TO
KEEP A LEG ON. NOW, ALMOST 80 YEARS HAVE PASSED AND WE
STILL HAVEN'T COME UP WITH A GOOD ANSWER.**

**OUR TECHNOLOGY-DRIVEN REIMBURSEMENT SYSTEM --
WHETHER BY GOVERNMENT OR OUT-OF-POCKET -- IS STILL
PREDICATED ON TAKING THE LEG OFF.**

**AND TO FURTHER COMPLICATE THE ISSUE, THE STRUGGLE
BETWEEN OUR ASPIRATIONS AND OUR RESOURCES HAS ALSO
COME AT THE WORST POSSIBLE TIME,
A TIME WHEN DEMOGRAPHIC TRENDS ARE RUNNING AGAINST US.**

TODAY, FOR EXAMPLE, FOR EACH PERSON WHO IS OVER THE AGE OF 65, THERE ARE 5 YOUNGER, TAX-PAYING WAGE-EARNERS TO PAY FOR THAT ONE PERSON'S MEDICARE COVERAGE.

IN ANOTHER 20 YEARS, HOWEVER, FOR EACH PERSON OVER THE AGE OF 65, THERE WILL BE ONLY 3 YOUNGER, TAX-PAYING WAGE-EARNERS CONTRIBUTING TO MEDICARE.

**THAT MEANS THAT IN A CLIMATE OF SCARCITY, AMERICANS WILL
HAVE TO WORK OUT AN EQUITABLE SHARING OF NEEDED
MEDICAL RESOURCES BETWEEN ONE POPULATION GROUP THAT
IS GROWING -- THAT IS, THE ELDERLY, PEOPLE OVER THE AGE OF
65 -- AND THE POPULATION GROUP THAT IS COMPARATIVELY
SHRINKING -- THAT IS, CHILDREN UNDER THE AGE OF 18.**

**OVER THE PAST 8 YEARS I'VE DEALT WITH ADVOCATES FOR
CHILDREN AND I'VE DEALT WITH ADVOCATES FOR THE ELDERLY.
THEY ARE BOTH VERY DEDICATED AND VERY PERSUASIVE
GROUPS. AND BOTH WILL BE QUITE RIGHTLY COMPETING FOR A
LARGER PIECE OF A SMALLER PIE.**

**THIS HAS CHILLING ETHICAL IMPLICATIONS, AND WE MUST
GUARD AGAINST LETTING OUR ETHICS BE DETERMINED BY OUR
ECONOMICS,
AND NOT THE OTHER WAY AROUND.**

**I'M SURE YOU PEOPLE WHO DEAL WITH THE EVERYDAY ISSUES
OF HEALTHCARE PROVISION LOOK DOWN THE ROAD AS I DO AND
SEE THE PROBLEMS ON THE HORIZON.**

**SOME CRITICS WILL SAY THAT THE CHIEF CAUSE FOR THE
CRUNCH IS THE BUDGET DEFICIT. ONCE WE GET RID OF THE
DEFICIT, SAY THESE CRITICS, WE WILL ALSO GET RID OF THAT
GAP BETWEEN ASPIRATIONS AND RESOURCES ... BETWEEN
DREAMS AND REALITY.**

MAYBE ... BUT I DON'T THINK SO.

**WELL BEFORE WE TALKED ABOUT A BUDGET PROBLEM, WE
ALREADY HAD A HEALTH CARE ECONOMY THAT CONSISTENTLY
RAN AT AN ANNUAL INFLATION RATE THAT WAS 2 TO 3 TIMES THE
INFLATION RATE FOR THE REST OF THE AMERICAN ECONOMY.
BUT WE DIDN'T SEE IT ... OR, IF WE DID SEE IT, WE PREFERRED
NOT TO WORRY ABOUT IT.**

TODAY, WE STILL HAVE AN INFLATED HEALTH CARE ECONOMY ...

BUT WE ALSO HAVE INFLATED HEALTH CARE ASPIRATIONS. AND

WE SIMPLY CAN'T AFFORD ANY INFLATION AT ALL.

WHEN I OR OTHER PEOPLE TALK LIKE THIS, OUR CRITICS COME

BACK AT US AND SAY THAT THINGS REALLY AREN'T THAT BAD ...

THAT ALL WE NEED TO DO IS PUT A REIMBURSEMENT CAP ON

THIS ... OR CHANGE THE ELIGIBILITY REGULATIONS FOR THAT ...

OR CUT BACK A LITTLE HERE ... OR PRUNE BACK A LITTLE THERE.

**NOW, I CAN ALREADY HEAR THE CRITICS SAYING, "WAIT A
MINUTE, DR. KOOP. THE SYSTEM AIN'T BROKE, SO DON'T FIX IT."**

**TO WHICH I WOULD REPLY, "YOU'RE WRONG. THE SYSTEM IS
BROKEN ... AND IT MUST BE FIXED." BAND-AIDS WON'T DO.**

**HOSPITAL COSTS ARE STILL CLIMBING ... AND NO ONE CAN
PROVE TO THE AMERICAN PEOPLE THAT THE QUALITY OF
HOSPITAL-BASED CARE IS UNIFORMLY GOING UP AS WELL.**

**ON THE CONTRARY, OUR PEOPLE COMPLAIN THAT THEY ARE
PAYING MORE AND MORE FOR MEDICAL CARE, AND ARE GETTING
LESS AND LESS.**

**WORSE STILL, AS THE COST OF HOSPITAL-BASED CARE
INCREASES, SOME HOSPITALS THEMSELVES ARE TRYING TO
NARROW THEIR PATIENT POOL ... FOR EXAMPLE, ELIMINATING
THE NEED TO PROVIDE IN-PATIENT MEDICAL CARE FOR POOR
AND DISADVANTAGED AMERICANS.**

**I SAY THERE'S SOMETHING TERRIBLY WRONG WITH A SYSTEM OF
HEALTH CARE THAT SPENDS MORE AND MORE MONEY TO SERVE
FEWER AND FEWER PEOPLE.**

**AND WE HAVE MUCH THE SAME PROBLEM IN RESPECT TO
PHYSICIAN SERVICES AND FEES.**

**I CAN TELL YOU THAT MANY OF MY FRIENDS AND COLLEAGUES
IN MEDICAL PRACTICE ARE TRYING TO DO WHAT THEY CAN TO
INCREASE THE QUALITY OF CARE THEY DELIVER WITHOUT
INCREASING THEIR COSTS.**

**BUT THEY ARGUE THAT THEY HAVE LITTLE OR NO CONTROL
OVER SOME OF THE INFLATIONARY THINGS THEY DO.**

AND THAT'S TRUE.

**I'VE BEEN THERE -- SO IT'S NOT JUST GIVING THEM THE BENEFIT
OF THE DOUBT.**

**BUT THE FACT STILL REMAINS THAT PHYSICIAN FEES ARE GOING
UP, AND THEY DO ADD TO A BURDEN ON THE PUBLIC THAT IS
BECOMING INSUPPORTABLE.**

**AND, AGAIN -- AS WITH HOSPITAL-BASED CARE -- THE AMERICAN
PEOPLE HAVE NOT BEEN ASSURED, IN ANY RATIONAL AND
MEASURABLE WAY,
THAT THE HIGHER COSTS OF A PHYSICIAN'S CARE WILL IN FACT
BUY THEM A PROPORTIONATELY HIGHER QUALITY OF SUCH
CARE.**